

"Pathophysiological basis of hepatic Encephalopathy": a multi-organ perspective in patients with liver failure

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PATHOPHYSIOLOGICAL BASIS OF HEPATIC ENCEPHALOPATHY.

A multi-organ perspective in patients with liver failure.

Steven Olde Damink

Maastricht, 31 Mei 2005

1. De observatie dat de nier voornamelijk verantwoordelijk is voor de hyperammonemie die optreedt na een hoge tractus digestivus bloeding noopt tot het bijstellen van een meer dan honderd jaar oude klinische werkhypothese (dit proefschrift).
2. De mogelijkheid tot snelle vermindering van de systemische ammoniak productie door de nier, maakt de nier een belangrijk doelorgaan voor interventie (dit proefschrift).
3. Isoleucine suppletie tijdens een hoge tractus digestivus bloeding stimuleert de eiwitsynthese in spier en lever (dit proefschrift).
4. De extra-hepatische ureum synthese in patiënten met levercirrhose is een chronisch compensatie mechanisme (dit proefschrift).
5. Een electieve chirurgische patiënt is na operatie beter af zonder maagsonde.
6. Door de toename van de incidentie van colorectale carcinomen ontstaat er in de komende 5 jaar een tekort aan chirurgen die de leverchirurgie beheersen.
7. De lage prevalentie van en de complexiteit van de zorg voor patiënten met darm falen noopt tot centralisatie van behandeling en financiering.
8. Het hoge recidief percentage (80%) van de seksuele delicten gepleegd na een TBS behandeling van psychopaten met een seksuele deviatie, onderstreept het grote belang van een systematische, empirisch onderbouwde inschatting van het recidief risico in de forensisch psychiatrie (Hildebrand, Thesis 2004).
9. Er is onvoldoende bewijs dat rekken voor een inspanning spierpijn en blessures voorkomt (BMJ 2002, 325: 468-73 en 'Ik rek niet, want ik heb nog nooit een renpaard zien rekken'; Gerard Nijboer).
10. De komende 10 jaar fietst het peloton voor spek en Boonen.

Propositions

Belonging to the thesis

PATHOPHYSIOLOGICAL BASIS OF HEPATIC ENCEPHALOPATHY.

A multi-organ perspective in patients with liver failure.

Rajiv Jalan

Maastricht, 31 May 2005

1. Hypothermia is an effective bridge to liver transplantation in patients with acute liver failure that are at risk of dying from uncontrolled increase in intracranial pressure (this thesis).
2. Maintaining patients with acute liver failure and increased intracranial pressure hypothermic during liver transplantation prevents surgery-induced rise in intracranial pressure (this thesis).
3. Brain swelling is a key factor in the pathogenesis of hepatic encephalopathy (this thesis).
4. Ammonia, cerebral blood flow and inflammation are important in the pathogenesis of brain swelling in liver failure (this thesis).
5. During the advanced stages of intracranial hypertension in patients with acute liver failure, the brain produces pro-inflammatory cytokines (this thesis).
6. There is no good evidence supporting the use of Lactulose (the current gold standard) for treatment of hepatic encephalopathy.
7. Keen clinical observation often provides novel insights into formulating research questions.
8. An essential ingredient for generation of new hypotheses is self-confidence.
9. Appearances can be deceptive.
10. Programmes designed to popularise science are urgently needed.
11. The recent evolution of bureaucratic hurdles in performing patient studies is likely to destroy translational research.